



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**CMI INTOXILYZER 5000 MAINTENANCE REPORT**

**RECEIVED**  
By Carol Day at 9:29 am, Apr 12, 2013

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN <u>66-005018</u>	NAME OF AGENCY <u>Kansas City Missouri Police Department</u>	DATE OF INSPECTION <u>03-31-2013</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>1001 NW Barry Rd Kansas City, Missouri (NPO)</u>		TIME OF INSPECTION <u>18:55 hours</u>

CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DVM TEST: (.350 ± .150) <u>.290</u>
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) <u>03-31-2013 / 18:55</u>
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED)
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories Inc.</u> LOT # <u>12040</u> EXP. DATE <u>03-07-2014</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIMULATOR SN <u>SD2851</u> EXP. DATE <u>11-6-2013</u>
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <u>.099</u>	TEST 2 <u>.100</u>	TEST 3 <u>.097</u>
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☒ PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0-04 <u>0</u>	.05-.09 <u>0</u>	.10-.14 <u>0</u>	.15-.19 <u>1</u>	Over .19 <u>0</u>
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

*Breath Instrument was tested and certified within the Department of Health and Senior Services Guidelines.*

**INSPECTING OFFICER**

SIGNATURE  #5266	PRINT FULL NAME P.O. Corey Carlisle #5266
TYPE II PERMIT NUMBER/EXPIRATION DATE 210281 02/21/2013	TELEPHONE NUMBER (816) 482-8220

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901

1001 NW BARRY RD KCMO-NPD  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005018  
03/31/2013

DIAGNOSTIC TEST 18:55

FROM CHECK E735.23	PASSED
RAN CHECK	PASSED
TEMP CHECK	PASSED
PROCESSOR CHECK	
SYNC PULSE	PASSED
SYNC SPEED	PASSED
NEG STABILITY	PASSED
POS STABILITY	PASSED
REF RANGE	PASSED

DIAGNOSTIC PASSED

PRINTER CHECK  
ABCDEFGHIJKLMNPOQRSTUVWXYZ  
0123456789

1001 NW BARRY RD KCMO-NPD  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005018  
03/31/2013

TEST	XBAC	TIME
AIR BLANK	.000	18:58
CAL. CHECK	.099	18:59
AIR BLANK	.000	19:00
CAL. CHECK	.100	19:00
AIR BLANK	.000	19:00
CAL. CHECK	.097	19:01
AIR BLANK	.000	19:01

NO RFI PRESENT

SN 66-005018 03/31/2013  
E735.23 19:02  
INVALID TEST  
INHIBITED - RFI

SN 66-005018 03/31/2013  
E735.23 18:55

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123  
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNPOQRSTUVWXYZ012345678910#abcde  
ABCDEFGHIJKLMNPO  
ABCDEFGHIJKLMNPOQR  
ABCDEFGHIJKLMNPOQRSTU  
ABCDEFGHIJKLMNPOQRSTUVWXYZ012345678910#abcde

SUBJECT NAME

LOCATION OF TEST

OFFICER'S SIGNATURE & SERIAL NO.  
Form 123 P.D. (8-91)

SUBJECT NAME

LOCATION OF TEST

OFFICER'S SIGNATURE & SERIAL NO.  
Form 123 P.D. (8-91)

State of Missouri  
DEPARTMENT OF HEALTH

P E R M I T  
TYPE II

COREY CARLISLE

INTOXILYZER 5000

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air, issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 12/21/2011

Number 210281

Expires 12/21/2013

Mo Dept of Health

Director of State Public Health Laboratory

Director, Department of Health

LAB 4 (10-94)



GUTH LABORATORIES, INC.

280 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE 717-664-6276

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12040 of

Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1211% (w/vol) ethyl alcohol. The expiration date for this lot number is March 7, 2014 at 11:59 P.M.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

*Ted L. Pauley*  
Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*NIST Traceability:*  
Testing was conducted using Certified Reference Standard lot number FN122211-02 whose values are traceable to NIST.  
All balances are calibrated annually by an outside agency using NIST traceable weights.  
Calibration verification is done prior to each use utilizing NIST traceable weights.